

**MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO
107595857

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1		51						
2						1	52						
3					1		53						
4						1	54						
5							55						
6							56						
7					1		57						
8						1	58			1			
9							59				1		
10							60			1			
11							61				1		
12							62			1			
13							63				1		
14							64				1		
15							65				1		
16							66			1			
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77			1			
28							78				1		
29							79				1		
30							80				1		
31							81				1		
32							82				1		
33							83				1		
34							84				1		
35							85				1		
36							86				1		
37							87				1		
38							88				1		
39							89				1		
40							90				1		
41							91				1		
42							92				1		
43							93				1		
44							94				1		
45							95				1		
46							96				1		
47					1		97				1		
48						1	98				1		
49						1	99				1		
50						1	100				1		
TOTAL IND.					14		TOTAL IND.						
TOTAL DEP.					49		TOTAL DEP.						
TOTAL CLAIMS					63		TOTAL CLAIMS						